



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
DIVISION OF REGULATION AND LICENSURE  
SECTION FOR LONG-TERM CARE

**FORECASTED INCOME STATEMENT – LINE 13B - ALL OPERATORS**

FACILITY		
OPERATOR		
FOR THE 12 MONTHS		
FROM	TO	
<b>REVENUES</b>		
1. Resident service revenue		
2. Other revenue		
3. <b>Net revenues</b>		
<b>COSTS AND EXPENSES</b>		
4. Professional care		
5. Dietary		
6. Housekeeping		
7. Plant operation and maintenance		
8. Activities		
9. Laundry		
10. General and administrative		
11. Management and consulting fees		
12. Interest		
13. Depreciation and amortization		
14. Other expenses		
15. <b>Total costs and expenses</b>		
16. <b>NET EARNINGS (LOSS)</b>		

## FORECASTED INCOME STATEMENT – LINE 13B - ALL OPERATORS

### INSTRUCTIONS (DA-150b)

All applicants must comply with line 13B when submitting an *Application for Licensure to Operate a Long-Term Care Facility* for any of the following reasons:

- 1) To apply for a license to operate a new facility;
- 2) To apply for a license to operate a facility being reopened after having been previously licensed and then closed;
- 3) To apply for a new license for a currently licensed facility where a change of operator is about to occur; or
- 4) To apply for a new license to operate a facility where the affiliates' ownership interest in the operator has recently changed, as required by Section 198.015.3., RSMo and 19 CSR 30-82.010(1)(F). Submission of a *Forecasted Income Statement* is one of the requirements of line 13B.

The *Forecasted Income Statement* should indicate projected revenues and expenses for the first twelve (12) months of operation of the facility by the applicant.

**Facility**                      Indicate the name of the facility as shown in response to line 2 on page 1 of the *Application for License to Operate a Long-Term Care Facility*.

**Operator**                      Indicate the name of the operator as shown in response to line 5 on page 1 of the application.

**For the 12 months**      Enter the time period of the report, which is the first twelve (12) months of operation of the facility by the applicant. The starting date should be the expected opening date, and the ending date should be twelve (12) months later.

### REVENUES

1. Resident service revenue – Revenue received for resident services provided.
2. Other revenue – Any revenue received other than that shown on line 1. Attach a supporting schedule.
3. **Net revenues** – Add lines 1 and 2.

### COSTS AND EXPENSES

4. Professional care – Cost of providing professional care.
5. Dietary – Dietary salaries, payroll taxes, raw food, etc.
6. Housekeeping – Housekeeping supplies, salaries, payroll taxes, etc.
7. Plant operation and maintenance – Facility operation and maintenance expenses, repairs, rent, property insurance, real estate taxes, supplies, etc.
8. Activities – Cost of providing activities for residents.
9. Laundry – Linen and bedding, outside laundry service, supplies, etc.
10. General and administrative – Various expenses such as the salary of the administrator, payroll taxes, employee benefits, legal and accounting fees, telephones, travel and entertainment, vehicles, data processing, licenses, office supplies, insurance, etc.
11. Management and consulting fees – Fees paid to management companies and consultants.
12. Interest – Interest expense.
13. Depreciation and amortization – Depreciation expense and cost of amortized items for the period of the report.
14. Other expenses – Any expenses not reported on lines 4 through 13. Attach a supporting schedule.
15. **Total costs and expenses** – Add lines 4 through 14.
16. **NET EARNINGS (LOSS)** – Subtract line 15 from 3.